

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. _____

FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3	2					
4	1					
5	0					
6	0					
7	0					
8	0					
9	0	0				
10	1	1				
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49						
50						
OTAL ID.						
OTAL EP.						
OTAL CLAIMS						

TOTAL
IND.
TOTAL
DEP.
TOTAL
CLAIMS

100
TOTAL
IND.
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CLAIMS